•	OST REIMBUR	SABLE				·		
Voucher pre	pared at	(Debatement, Dureau.	Or establishment)				P	AID B
-	ATTRA PRIMA	(0	ive place and date)				d	U
THE UNITED	STATES, Dr.,	Payee's A	ccount No				MA	X,
To		(Pave)					טיזען	-70
		(Payee)					COPY	1
	6A)	drees) ((Olty)					
No. and Date of	Date of Delivery	APTICI		(State)	7	LINIT	PRICE	T
Order	or Service	schedule, and other i Discount Terms	ES OR SERVICES umber of contract or Federa nformation deemed necessa	al supply try)	QUANTITY	Cost		· <u>-</u>
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Complete Partial								
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Shipped from	to		on sheet(s) if necessary	. 50 0 55				
I certify that the a	hove bill is some	and just and that payment has	Governmen		e must NO	,	Total	\$
Date 3-19-	59 *p		made by payes on attached bill or bills)	Amour	at verified; cure or initia	correct for		
Contract No.	1. 1.3.1	Date	Reg. No.	Da			voice Rec'd	
Pursuant to authori	ty vested in me, I	certify that this account is corre-	et and proper for payment			111	voice Rec a	•
† Approved for \$								
•			SIGN		(Authorize	d Certifyin	g Officer)	
Ву	pp====================================	0						
Title								
		FORM MUST BE EXECUTED WHEN PURC	HASES ARE MADE OR SERVICES SE	CURED WITHOU	WRITTEN AC	DEEMENS		
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		ING CLASSIFICATION (priation Symbol must be si					

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